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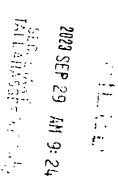
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	GC Precisio	m Metals		
SOBJE	ω1. <u></u>	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub indence concerning this matter	-	
		Jeffrey Gonzalez		
			Name of Person	
		GC Precision Metals		
			Firm/Company	
		13138 Foxtail Fern Dr		
		•	Address	
		Riverview FL 33579		
			City/State and Zip Code	
		jeffrey.gonzalez@gcprecisi		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please c	all:	
Jeffrey (Gonzalez		813 449-3478 at ()_	
Name of Person			Area Code Daytimo	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	s:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John F. Castro	32440 SPRING CORRAL CT.WESLEY CHAPEL,	FL □Add
			= Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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